

The Holly

PRIVATE HOSPITAL



The Holly Private Hospital Quality Account

April 2018 – March 2019





Contents

Welcome to Aspen Healthcare	4
Statement on Quality from Aspen Healthcare's Chief Executive	7
Introduction to The Holly Private Hospital	8
Statement on Quality Accountability Statement	10
Quality Priorities for 2019 - 2020 Patient Safety Clinical Effectiveness Patient Experience	13
Statements of Assurance Review of NHS Services Provided 2018 - 2019 Participation in Clinical Audit Participation in Research Goals Agreed with Commissioners Statement from the Care Quality Commission Statements on Data Quality Speak Up Arrangements Quality Indicators	17
Review of Quality Performance 2018 - 2019 Patient Safety Clinical Effectiveness Patient Experience	29
External Perspective on Quality of Services	31

Welcome to Aspen Healthcare

The Holly Private Hospital is part of the Aspen Healthcare Group.

Aspen Healthcare was established in 1998 and is a UK-based private healthcare provider with extensive knowledge of the healthcare market. The Group's core business is the management and operation of private hospitals and other medical facilities, such as day surgery clinics, many of which are in joint partnership with our Consultants.

Aspen Healthcare is the proud operator of four acute hospitals, two specialist cancer centres and two day-surgery hospitals in the UK. Aspen Healthcare's current facilities are:

- Cancer Centre London
Wimbledon, SW London
- The Claremont Hospital, Sheffield
- The Edinburgh Clinic, Edinburgh
- Highgate Private Hospital
Highgate, N London
- The Holly Private Hospital
Buckhurst Hill, NE London
- Midland Eye, Solihull
- Nova Healthcare, Leeds
- Parkside Hospital
Wimbledon, SW London

Aspen Healthcare's facilities cover a wide range of specialties and treatments providing consulting, diagnostic and surgical services, as well as state of the art oncological services. Within these eight facilities, comprising over 250 beds and 18 theatres, in 2018 alone Aspen has delivered care to:

42,000 patients were admitted into our facilities

9,000 patients stayed as an inpatient for overnight care

33,000 patients who required day case surgery

306,000 patients who attended our outpatient departments

65,000 patients who attended our diagnostic departments.

We have delivered this care always with Aspen Healthcare's mission statement underpinning the delivery of all our care and services:

"Our aim is to provide first-class independent healthcare for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families."

Aspen is now one of the main providers of independent hospital services in the UK and, through a variety of local contracts we provided 17,000 NHS patient episodes of care last year, comprising nearly 40% of our patient numbers. We work very closely with other healthcare providers in each locality including GPs, Clinical Commissioning Groups and NHS Acute Trusts to deliver the highest standard of services to all our patients.

It is our aim to serve the local community and excel in the provision of quality acute private healthcare services in the UK.

We are pleased to report that in 2018:

99%

of our inpatients and day patients rated the overall quality of their care as 'excellent', 'very good' or 'good'.

99%

of inpatients and outpatients stated that they were 'extremely likely' or 'likely' to recommend the Aspen hospital/clinic they visited.

Across Aspen we strive to go 'beyond compliance' in meeting required national standards and excel in all that we endeavour to do. Although every year we are happy to look back and reflect on what we have achieved, more importantly we look forward and set our quality goals even higher to constantly improve upon how we deliver our care and services.

Aspen Healthcare Hospitals and Clinics locations:

- Cancer Centre London
- Claremont Hospital
- The Edinburgh Clinic
- Highgate Private Hospital
- The Holly Private Hospital
- Midland Eye
- Nova Healthcare
- Parkside Hospital





“I couldn’t believe how lovely and welcoming everyone was.”

*MM, Patient Compliment Email
March 2019*

Statement on Quality from Aspen Healthcare’s Chief Executive

Welcome to the 2018-2019 Quality Account, which describes how we did this year against our quality and safety standards.

On behalf of Aspen Healthcare I am pleased to provide our latest annual Quality Account for The Holly Private Hospital. This report focuses on the quality of services we provided over the last year (April 2018 to March 2019) and, importantly, looks forward to setting out our plans for further quality improvements in the forthcoming year.

As this last year draws to a close I am pleased to be able to reflect on how we have further improved our safety and quality of care. At Aspen Healthcare we aim to excel in the provision of the highest quality healthcare services and work in partnership with the NHS, to ensure that the services delivered result in safe, effective and personalised care for all our patients. Each year we review the quality priorities we agreed in the previous year’s Quality Account. These quality priorities form part of Aspen’s overall quality framework which centres on nine drivers of quality and safety, helping to ensure that quality is incorporated into every one of our hospitals and clinics, and that safety, quality and excellence remain the focus of all we do, whilst delivering the highest standards of patient care. This is underpinned by Aspen’s Quality Strategy, which focuses on the three dimensions of quality: patient safety, clinical effectiveness and patient experience.

All our hospitals and clinics in England have now been externally inspected by the health and social care regulator, the Care Quality Commission (CQC). These comprehensive inspections have provided external validation of the quality and safety of care we deliver and we are proud to report that all our hospitals and clinics have been rated as ‘Outstanding’ or ‘Good’, with commendations received on our staff’s professionalism, kindness and compassionate care.

This Quality Account presents our achievements in terms of clinical effectiveness, safety and patient experience, and demonstrates that all our managers, clinicians and staff at The Holly Private Hospital are committed to providing the highest standards of quality care to our patients. The Account aims to provide a balanced view of what we are good at and where additional improvements can still be made. In addition, our quality priorities for the coming year (2019-2020), as agreed with the Aspen Senior Management Team, are outlined within this report.

In 2018-2019 we maintained our excellent record on reducing avoidable harm across our organisation, and saw further improvements made to both patient safety and increasing our already high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients’ experience within The Holly Private Hospital, ensuring this feedback is effectively utilised to continue to drive quality improvement. Our staff survey in 2018 also showed further improvement in staff engagement and a pride to work for Aspen. You will find more details outlined within the relevant sections of this report.

I would like to thank all our staff who everyday show commitment to our values, high standards and goals, and for their contribution to the continuous improvements we strive to make to our patients’ care and experience.

The majority of information provided in this report is for all the patients we have cared for during 2018-2019, both NHS and private. To the best of my knowledge the information included is an accurate and fair reflection of our performance. I hope that this Quality Account provides you with a clear picture of how important quality improvement, patient safety and patient experience are to us at Aspen Healthcare.

Paul Hetherington
Chief Executive
Aspen Healthcare

Introduction to The Holly Private Hospital

Located on the borders of London, Essex and Hertfordshire in the midst of Epping Forest, award-winning The Holly Private Hospital is one of the South East of England's leading private hospitals. We are renowned locally for our high standards of care and friendly atmosphere.

The Holly Private Hospital provides a wide range of services including outpatient clinics and treatment in most specialties including cardiology, cosmetic surgery, ENT, gynaecology, general medicine and surgery, oncology, orthopaedics, paediatrics and urology. In addition, the hospital also provides diagnostic imaging, physiotherapy, private GPs, pharmacy, pathology and sterile services for patients, the local community and other healthcare organisations.

We work with over 200 experienced Consultants and other specialists locally, many of whom also have substantive posts within the NHS.

From 1st April 2018 to 31st March 2019, over 117,665 patients were treated at The Holly Private Hospital (The Holly).



Vital Statistics



- ✓ Pathology
- ✓ Physiotherapy
- ✓ Pharmacy
- ✓ Private GP/Cosmetic Services
- ✓ 3T MRI
- ✓ MRI/CT Cardiac Services
- ✓ New Aquillion Prime CT Scanner
- ✓ Ultrasound
- ✓ Shock Wave Therapy
- ✓ DEXA Scans
- ✓ Two mobile image intensifiers
- ✓ Two ultrasound units (one with Echocardiogram facility)
- ✓ Fluoroscopy
- ✓ Digital Mammography
- ✓ X-ray
- ✓ On-site Decontamination/Sterile Services Department
- ✓ Cosmetic Surgery (specialist nurse on-site)
- ✓ One-stop symptomatic breast care clinics (specialist nurse on-site).

The Holly Private Hospital also has:

- ✓ Paediatric Services (3 specialist nurses on-site)
- ✓ Run 3D Gait Analysis. We were the first hospital in England to invest in this service
- ✓ MicroDose Mammography (combined breast screen and osteoporosis screen)
- ✓ Resident Medical Officer on-site (24 hours a day, 7 days a week)
- ✓ Bupa Approved for: Breast Chemotherapy Unit, Breast Diagnosis Unit, Breast Surgery Unit
- ✓ Bupa Approved MR multi-parametric prostate imaging
- ✓ Ophthalmic Unit, MRI Network and Recognised Imaging Units
- ✓ The Holly Private Hospital participates in the NHS ERS, giving patients the choice of provider
- ✓ WorldHost® Business Status in Customer Service training
- ✓ Investors in People Accreditation
- ✓ AfPP accreditation for Theatre safety standards
- ✓ UKAS Clinical Pathology Accreditation
- ✓ Macmillan Quality Environment Mark (MQEM)
- ✓ Rated 'Good' by the Care Quality Commission (CQC).

In the year 2018-2019, The Holly provided NHS services with patients admitted through the NHS e-Referral System (ERS), as well as in partnership with our NHS partners for the following specialties:

- ✓ Trauma and Orthopaedics
- ✓ ENT
- ✓ General Surgery
- ✓ Gynaecology
- ✓ Anaesthetics (Pain Management)
- ✓ Oral/Maxillo-Facial Surgery
- ✓ Paediatrics.

“Wonderful service, kindness, and it really made my experience so pleasant; it is very important to feel cared for in such a vulnerable situation, great job, keep it up.”

AV, Patient Compliment Email, February 2019

Statement on Quality

This is our sixth Quality Account and demonstrates how our commitment to delivering exceptional healthcare and in ensuring we have patient safety at the heart of everything we do, has been embraced across the hospital by all our staff, in all departments.

In the last year we proudly report:

- The hospital has not had any CQC Inspections within in the past year so maintains an overall rating of 'Good' from the Care Quality Commission (CQC), the national regulator, and was rated as 'Outstanding' in the Well-Led domain from our last inspection, undertaken in 2017
- Project FIRST (which encompasses our five year Strategic Business Plan, five year Clinical Strategy and our 6E's Staff Reward and Recognition Scheme) is now well-embedded across the hospital and is delivering positive results in terms of quality, safety and patient experience.
- We have awarded over 3,174 Project FIRST certificates to our staff as part of our 6Es Reward and Recognition Scheme and 100 'passport' stamps for staff that constantly go the extra mile. We also held our second Staff Oscars Awards Ceremony, awarding over 30 'Oscars' to staff and teams for their outstanding performance across the 6E's behaviours (Exceptional, Efficient, Expert, Energetic, Effective, Everyone and Safety).
- Our commitment to quality healthcare, continuous improvement and innovation is reflected in the numerous awards and accreditations gained by the hospital recently. These awards and accreditations are a reflection of the work carried out by our incredible team and their unswerving dedication to delivering exceptional healthcare to our patients all of the time. In particular, we are very proud to be the overall Winners of the 2018 International Customer Experience Awards. Our team was also awarded: Society of Radiography Team of the Year 2018; the Investors in People Award for Rewards and Recognition; three Gold Awards and one Silver Award at the UK Customer Experience Awards 2018; and four Gold Awards at the UK Employee Experience Awards.
- We are also delighted to have reached the Association for Perioperative Practice (AfPP) accreditation for safer surgery, UKAS Clinical Pathology accreditation and ISO accreditation for our sterile services, a Five Star Food Hygiene rating and Silver Investors in People.
- To help improve standards further and strengthen our leadership capabilities and capacity, we have recruited and appointed experienced staff into key roles across the hospital. We decreased the use of agency, bank staff and overtime in 2018 and have a stable and effective clinical workforce.
- We have had zero Never Events and zero Serious Untoward Incidents (SUIs) reported in the last year.
- Levels 1 and 2 of Aspen's innovative STEP-up to Safety training programme have been delivered to all staff and now forms part of new staff induction. STEP-up to Safety Level 3 (clinical safety scenarios) has also been delivered to our clinical leaders and Safety Ambassadors. The role of the Safety Ambassadors at the hospital is to promote clinical safety and to support our patient safety culture.
- The hospital achieved the best year for patient satisfaction (as recorded independently by Howard Warwick Associates) with 99% of patients saying they had received quality care.
- There were no MRSA, MSSA or Clostridium Difficile hospital acquired infections reported at the hospital.
- We undertake 'Big Conversation' staff forums to communicate business performance and future plans, and to facilitate discussions between staff and the Senior Management Team.
- We increased our opening hours for services such as Private GP's, Phlebotomy and Imaging (including 7-day MRI) to make our healthcare services more accessible to our patients. We will soon be opening a 7-day service to access our private GPs.
- We have re-energised our 'Back to the Floor' initiative with Heads of Department and our staff participating. This initiative involves staff working in another department for a morning or afternoon, to experience how other teams function and the challenges they encounter on a day-to-day basis. Participants meet afterwards and are invited to share their experience with the group and feedback on what is working well in each department and where they could do better. This also provides an opportunity for staff to speak up and voice any ideas or concerns they may have, and also to develop team skills across various areas.
- We have improved our PROMs (Patient Reported Outcomes Measures) participation to 95% with improving scores month on month which will help us gain valuable insight from our patient's perspective.
- In promoting the sharing of best practice, Joint Governance Committee meetings have been set up quarterly with our two local NHS Trusts and two local independent providers to proactively share learning.
- We have redesigned our menu to show nutrition and dietary information for patients, as well as offering a varied choice to include vegan and gluten free options. We are also planning to open a restaurant/coffee shop for patients, families and staff.

- We have continued to embed the "Hello my name is..." standard across the hospital to ensure patients feel safe and respected, and we will become even more patient-centric by ensuring 'Back to the Floor' drives positive change. Where appropriate, and provided the patient is supportive and in agreement, we will continue to offer patients the opportunity to share their experience with staff at team meetings and at our staff forums. We will continue to work with our Consultants to discuss any incidents and get their input to help improve the patient experience and patient safety.
- In 2019 we hope to achieve JAG accreditation for our endoscopy unit.
- In the coming year we will continue to focus on quality for our patients by continuing to improve our patient satisfaction ratings across the hospital, reduce the number of complaints, and to also improve upon our staff engagement scores and Consultant satisfaction scores.

We have an exceptional team at The Holly who all work together to deliver excellent care to our patients. In the coming year we will continue to work together to further drive our standards 'Beyond Compliance'.

And for our staff, in the coming year we will continue with:

- A quarterly Safety Newsletter highlighting key safety messages and initiatives, recognising and celebrating safe practice and encouraging staff to put safety at the heart of everything we do.
- 'Healthy Holly' which promotes and encourages healthy eating and food options available daily.
- Staff 'Well-being' initiatives recognise and educate around mental health issues. All Heads of Department and their deputies have undergone training sessions with MIND, the Mental Health Charity.
- 'Lunch and Learn' – undertaking teaching sessions to educate other departments on new or existing services.



Accountability Statement

Directors of Organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation (2011) to prepare a Quality Account for each financial year.

This report has been prepared based on guidance issued by the Department of Health setting out these legal requirements.

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information is accurate.

Mr. David Henderson, Hospital Director

Date: 1st May 2019

This report has been reviewed and approved by:

Mr. Sam Jayaraj MBBS FRCS (ENG) FRCS (ORL-HNS), Medical Advisory Committee Chair

Mr. Stuart Graham BSc MBBS FRCSEd FRCS(Urol) Consultant Urological Surgeon, Quality Governance Committee Chair

Mr Paul Hetherington, Chief Executive, Aspen Healthcare

Mrs. Judi Ingram, Clinical Director, Aspen Healthcare.

Quality Priorities for 2019-2020

Ensuring our patients receive consistently high quality, safe care with outstanding health outcomes and experience is at the centre of all we do. We aim to be ambitious for our patients, innovative and forward thinking in how we deliver safe, high quality and effective care for our patients.

Aspen Healthcare's Quality Strategy sets out our approach to quality and how we plan to progress a number of quality and safety improvement initiatives that we will be focussing on over the coming years.

National Quality Account guidelines require us to identify at least three priorities for improvement and the following information outlines our main priorities for 2019-2020. These priorities have been agreed with our senior management team and were informed by feedback from our patients and staff, audit results, national guidance and recommendations from the various hospital/clinic teams across Aspen Healthcare.

Our quality priorities are regularly reviewed by Aspen's Quality Governance Committee which meets quarterly, to monitor, manage and improve the processes designed to ensure safe and effective service delivery.

The Holly Private Hospital is committed to delivering services that are safe, of a high quality and clinically effective; we constantly strive to improve our clinical safety and standards. The priorities we have identified will, we believe, drive the three domains of quality: patient safety, clinical effectiveness and patient experience.

The key quality priorities identified for 2019-2020 are as follows:

Patient Safety

Implementation of National Early Warning Score 2 (NEWS2)

NEWS is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating. The NEWS is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. A score is allocated to each parameter as they are measured, with the magnitude of the score reflecting how extremely the parameter varies from the norm.

Following evaluation of NEWS, the scoring chart has been updated (to NEWS2) and NEWS2 has now received formal endorsement from NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients.

Aspen Healthcare has fully adopted NEWS2 and will work to effectively implement and embed NEWS2, ensuring that via our Aspen National NEWS2 Champion we share best practice and the learning from this network.

Patient Safety

Improving and increasing the safety of our care and services provided.

Clinical Effectiveness

Improving the outcome of any assessment, treatment and care our patients receive, to optimise patients' health and well-being.

Patient Experience

Aspiring to ensure we exceed the expectations of all our patients.

"I am deeply and utterly appreciative of how you have helped me."

*Y, Thank You card to Physio
February 2019*

Work towards Venous Thromboembolism (VTE) Exemplar Status

Venous Thromboembolism is a collective term for deep vein thrombosis (DVT) & pulmonary embolism (PE). VTE is a significant cause of mortality, long-term disability and chronic ill-health problems – many of which are avoidable. 1 in 20 people will have a VTE at some time in their life and the risk increases with age. It is estimated that as many as half of all cases of VTE are associated with hospitalisation for medical illness or surgery and that as many as two thirds of cases of hospital-associated thrombosis (HAT) are preventable.

The National VTE Exemplar Centre Network was established by the Department of Health with the aim of sharing best practice and improving patient care through more effective prevention and treatment of VTE. The network provides access to a wealth of information and best practice from all of the VTE Exemplar Centres in England. This includes examples of VTE prevention protocols, information to support the implementation of risk assessment and root cause analysis, patient information and presentations from clinical experts.

VTE Exemplar Status will provide a kite mark for quality VTE prevention care, and conveys quality to patients and stakeholders; provides access to a community of health care professionals interested in quality and innovation in VTE; networking and sharing of resources and ideas; and recognition of excellence in VTE prevention care.

VTE Exemplar Centres provide leadership in improvement in thrombosis care locally and, to apply for VTE Exemplar Centre status, Aspen will commence working towards ensuring they meet the Exemplar Centre set criteria.

Helping Our Staff: 'How to have Safety Conversations'

Aspen Healthcare aims to be a recognised leader in patient safety and our STEP-up to Safety staff engagement and training programme is an innovative initiative to help our staff to fully understand their own roles in patient safety. The programme has resulted in a significant improvement in safety measures, including an increase in safety reporting and was the overall winner at the National Customer Experience Awards in 2018.

Feedback from our staff has been that the most challenging aspect of 'STEP' is the 'T' for 'Talk', and in 2019-2020 we will further develop our STEP-up programme and work to support our staff in effectively communicating to work as safely as possible. This will include exploring the skills required and what is said, when, where and by who, body language, and also whether it will be understood and is likely to be heard.

Clinical Effectiveness

Expand Participation in National Audits (HQIP)

The Healthcare Quality Improvement Partnership (HQIP) aims to improve healthcare outcomes by enabling providers to measure and improve their services. HQIP commissions, manages, supports and promotes a series of national programmes of quality improvement and these include a national clinical audit programme, clinical outcome review programmes and the National Joint Registry on behalf of NHS England and other healthcare departments and organisations. The national audits and programmes also importantly provide clinical audit information for those who receive our care and services.

The independent sector has previously been limited to which national audits and registries it can submit to. Aspen Healthcare is keen to participate in as wide a range of relevant audits as possible, enabling the review and improvement of our practice and outcome measures, to improve benchmarking of these and to share best practice with other healthcare providers (NHS and the independent sector).

In 2019-2020 it is planned to commence participation in relevant HQIP's National Clinical Audits and Patient Outcome Programmes (NCAPOP), subject to agreement with HQIP.

Audit of Pain Management

Effective management of acute pain has long been recognised as important in improving the post-operative experience, reducing complications and promoting early discharge from hospital. Pain is a unique complex bio-psychosocial experience with the management of pain closely associated with patient satisfaction, impacting on patients' overall experience.

In 2019-2020 Aspen Healthcare wishes to explore developing an audit of pain management and will assess various tools and their application in the Aspen facilities, with the aim of piloting at one Aspen hospital and then sharing the learning across all our facilities.

The audit will evaluate how patients' pain was managed and identify areas to improve the quality and effectiveness of care.

Improve Staff Awareness of Acute Kidney Injury (AKI)

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure. AKI normally happens as a complication of another serious illness.

It is important that AKI is detected early and treated promptly as, without prompt treatment, abnormal levels of salts and chemicals can build up in the body, which affects the ability of other organs to work properly.

Someone with AKI can deteriorate quickly and suddenly, and we plan to develop training resources raising staff awareness of the prevention and recognition of AKI and the urgent actions required. This will be based on the National Institute for Health and Care Excellence clinical knowledge summary.

Commence Radiology ISAS (Imaging Services Accreditation Scheme) Accreditation

ISAS is the primary quality assurance and governance framework for imaging services and is the only UK-wide recognised accreditation scheme for diagnostic imaging services.

The accreditation process and information obtained from regular self-assessment and active monitoring of imaging processes will be used to devise appropriate strategies to ensure services are safe, cost-effective and timely, and that risks are well managed. This accreditation will also help demonstrate to patients, commissioners, and our regulators a clear commitment to the delivery of a high quality patient-centred imaging services and the meeting of recognised accredited standards.

The accreditation will support Aspen's quality improvement culture where both imaging services management and operational requirements are meshed together to ensure that resources are well managed and delivering high quality pre-examination, examination, reporting and post-examination processes, as well as ongoing evaluation and continual improvement.

Aspen Healthcare will commence preparation for accreditation in 2019-2020 and plans to utilise the ISAS Traffic Light Ready (TLR) tool to undertake a detailed gap analysis in readiness for the next stages of accreditation.

Patient Experience

Implementation of GREATix

Much attention is focused on 'negative' events with our staff being encouraged to report incidents, via our risk management system, Datix. Although it is vital to learn from any errors/near misses in healthcare with these having a very important part to play in our safety culture, it is also as important to balance this with the recognition of positive performance, and to share and transfer examples of good/excellent practice.

In 2019-2020 Aspen Healthcare will develop an online GREATix reporting tool where any staff member can submit an online nomination when they observe excellence in patient care or excellent practice from another member of staff or team. This will be complemented by a paper GREATix version that can be used by staff and our patients. The nomination is then reviewed and direct feedback sent to the individual staff member. In addition, GREATix themes or valuable learning examples can be discussed, shared and celebrated at governance and staff forums.

GREATix, as a positive reporting system, is likely to develop additional benefits in patient safety alongside traditional incident reporting. It is hoped that benefits are seen on staff moral and culture, its use as an improvement tool and another method of enhancing learning from our patients' experience.



The 'Golden Patient'

There are many reasons for delays in operating lists but many are often predictable and preventable (examples include the patient not having been sent for; the patient having eaten or drunk; test results not being available (bloods, ECG, etc.); unavailable equipment or inadequate staffing levels). These delays between cases typically mean an operating list overruns and this can lead to further delays for other patients and/or cancellations. This can impact on the quality of care of patients awaiting surgery and undermines the timeliness, efficiency and effectiveness of care, and are not patient-centric leading to significant dissatisfaction for patients and relatives.

The identification of a 'golden patient' has been shown to enhance patient experience, whilst improving theatre efficiency and utilisation through early identification of an elective patient.

This improvement project will be implemented to improve the start time of the first operation of each day in theatres, by pre-selecting a patient and nominating them as the 'golden patient' the day before they are due to be operated upon. This nominated patient is then fixed at the start of the theatre list the following day. The list can only then be changed if an emergency occurs overnight. The 'golden patient' is prioritised and optimised for theatre and the theatre staff ensures all surgical instruments are prepared. This project will be piloted in one facility and the learning shared across all Aspen surgical units.

Self-assessment of ISCAS Complaints Code

Aspen Healthcare takes pride in the delivery of quality care and services and always seeks to utilise all feedback, including patient complaints, as a mechanism of learning and improvement. Our approach to complaint management is a key element of our commitment to customer focus, and is part of our wider quality management system.

Aspen Healthcare, as an independent healthcare provider, voluntarily subscribes to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS). This provides complainants with access to independent adjudication on complaints about any ISCAS subscriber when they have not been able to resolve their complaint locally with the provider.

Best practice standards, set by ISCAS for subscribers to the adjudication scheme, are outlined in the ISCAS Code of Practice for Complaints Management. The ISCAS Code provides a framework for the management of complaints made by complainants about the provision of independent healthcare services.

In 2019-2020 Aspen Healthcare will undertake a self-assessment of their complaints' management against all components of the ISCAS code. This will provide an opportunity to assess ourselves against each standard of the code, identify if there are any areas for improvement, with the aim to monitor and continually improve the effectiveness of our complaints handling in light of best practice and good governance.

Develop Online Accessibility Guides for Disabled Patients and Visitors

In the UK, 1 in 5 people have a disability - this could be visual, hearing, motor or cognitive (affecting memory and thinking). Aspen Healthcare aims to anticipate our patients' needs as well as we can and endeavours to provide access to our facilities for people with a disability. However, for patients and visitors with access problems visiting our facilities may be a stressful and anxious experience and we recognise that everyone's accessibility needs are different. Having detailed and accurate access information is important in helping us assure the best experience for people with a disability.

In 2019-2020 we will develop online information and guides for disabled patients and visitors, providing information and detail on how accessible our facilities are. This will help us to communicate our facilities and services to disabled people and other visitors who require specific accessibility information.

Capturing Learning from Follow Up / After Care Discharge Calls

Aspen Healthcare routinely contacts the majority of patients 48 to 72 hours after their discharge (next day for day cases) to assess their recovery, compliance with their discharge treatment plan (medications, diet, activity, etc.), and to resolve and ask about any clinical issues they may have.

Although the patient will have already have been provided with the information needed for safe care at home, they may not have fully recalled this or comprehended everything at the time of discharge, and these telephone calls provide the opportunity to confirm their understanding and enhance compliance. The calls are well received by our patients and may help prevent an unnecessary readmission or accident and emergency visit.

A post discharge telephone follow-up form is used by staff, and in 2019-2020 we aim to capture the learning from these calls to identify any improvements required to our discharge management, and to enhance our patients' experience.

While targeting the areas above, we will also continue to:

- Strive to further improve upon all our quality and safety measures
- Continue with our programme of development relating to other quality initiatives
- Continue to develop our workforce to ensure they have the skills to deliver high quality care, in the most appropriate and effective way.
- Embed any 2019-2020 Commissioning for Quality and Innovation (CQUIN) initiatives so they become 'business as usual', and work to implement any locally agreed CQUINs with our commissioners
- Meet and exceed the Quality Schedule of our NHS Contracts.

Statements of Assurance

Review of NHS Services Provided 2018-2019

During April 2018 to March 2019, The Holly Private Hospital provided and/or sub-contracted 5,398 NHS services.

Specialty	Number of Patients
Trauma and Orthopaedics	2335
Anaesthetics (Pain)	1073
General Surgery	823
ENT	416
Gynaecology	403
Oral and Maxillo-Facial Surgery	192
Neurosurgery	149
Radiology	6
Sports and Exercise Medicine	1

The Holly Private Hospital has reviewed all the data available to them on the quality of care in 5,398 of these NHS services.

The income generated by the NHS services reviewed in 2018-2019 represents 100% per cent of the total income generated from the provision of NHS services by The Holly Private Hospital for 1st April 2018 to 31st March 2019.

Participation in Clinical Audit

National Audits

National clinical audits are a set of national projects that provide a common format by which to collect audit data. National confidential enquiries aim to detect areas of deficiencies in clinical practice and devise recommendations to resolve them.

During April 2018 to March 2019, three national clinical audits and zero national confidential enquiries covered NHS services that The Holly Private Hospital provides.

During that period The Holly Private Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

National Clinical Audits

Name of Audit	Participation	Number of cases submitted
National Joint Registry	Yes	308 (100%)
Elective Surgery (National PROMs Programme)	Yes	592 (100%)
Breast & Cosmetic Implant Registry	Yes	129 (100%)

National Confidential Enquiry

There were no NCEPOD National Confidential Enquiries in 2018-2019 that were applicable to The Holly Private Hospital to participate in.

The national clinical audits and national confidential enquiries that The Holly Private Hospital was eligible to participate in during April 2018 to March 2019 are as follows:

- National Joint Registry
- Elective Surgery (National PROMs Programme)
- Breast & Cosmetic Implant Registry

The national clinical audits and national confidential enquiries that The Holly Private Hospital participated in, and for which data collection was completed during April 2018 to March 2019, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

Local Audits

The reports of 23 local clinical audits were reviewed by the provider in April 2018 to March 2019.

Aspen Healthcare continued its annual Group clinical audit programme during 2018 which identified key topics and frequency of audit assessment with new audits added throughout the year. In addition, each department at The Holly had individual audit programmes agreed for the year. These local audits were reviewed at our monthly Quality meetings, with any necessary processes put in place to seek improvement.

During 2019, The Holly Private Hospital intends to take the following actions to further improve the quality of its healthcare services in the coming year:

- Continue to monitor all issues relating to Infection Prevention and Control
- Maintain Patient-Led Assessment of the Clinical Environment (PLACE) inspections

- Continue to embed and act upon actions identified from the Sit and See™ audits (an observational assessment tool measuring interactions with patients and compassion)
- Having successfully achieved AfPP accreditation for all of our Theatre departments, we will continue our 'Beyond Compliance' commitment by peer review, utilising the AfPP audit standards across all Aspen sites during 2019-2020 to maintain our accreditation
- Continue to ensure all staff mandatory training is up to date and valid
- Undertake local audits that will improve current processes and improve patient safety and experience.
- We are aiming to improve the Aspen Corporate Audit Tool and the IPC Audit Tool compliance rates to consistently achieve 95%.



Participation in Research

There were no NHS patients recruited during the reporting period for this Quality Account to participate in research approved by a research ethics committee.

Goals Agreed with Commissioners

A proportion of The Holly Private Hospital's income in April 2018 to March 2019 was conditional on achieving quality improvement and innovation goals agreed between The Holly Private Hospital and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for April 2018 to March 2019 and for the following 12 month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>.

Statement from the Care Quality Commission

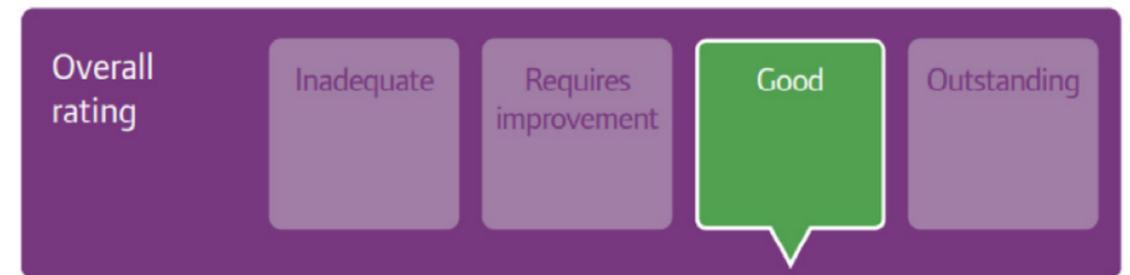
The Holly Private Hospital is required to register with the Care Quality Commission (CQC) and its current registration status is active. The Holly Private Hospital is registered in respect of the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Surgical procedures.

The Care Quality Commission has not taken enforcement action against The Holly Private Hospital during April 2018 to March 2019.

The Holly Private Hospital has not had to participate in any special reviews or investigations by the CQC during the reporting period.

The Holly Private Hospital was last inspected by the CQC in January 2017 and was awarded an overall rating of 'GOOD' and being rated as 'Outstanding' in the Well-led domain.



	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Good	Requires improvement	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Outstanding	Good
Services for children & young people	Good	Good	Good	Good	Outstanding	Good
Outpatients	Good	Not rated	Good	Good	Outstanding	Good

After our inspection we noted any areas that could be further improved upon and put an action plan in place, with specified timescales to attain these actions which have all been achieved. We are proud of our rating of an

'outstanding' for Well-led as this supports our aspiration to accomplish an overall future rating of 'outstanding' which we are working towards.

Statements on Data Quality

The Holly Private Hospital will be taking the following actions to improve data quality:

We will continue to review how to improve data quality as we recognise that good quality information underpins the effective delivery of patient care and is essential if improvements in safety and quality of care are to be delivered.

Our Information Governance policies guide and support our standards of record keeping to ensure accuracy, completeness and validity of those records which are monitored on an ongoing basis to continually improve data quality.

We will endeavour to ensure that all areas of our services are underpinned by data metrics to ensure continual monitoring of the quality of our services. This continual feedback is critical to ensure we are always achieving the highest levels of service quality and always striving for improvements.

We will continue to work on improving our data quality by constantly looking for improved data samples and reviewing the data to ensure it is accurate.

Data Security and Protection Toolkit March 2019

Aspen Healthcare has met the standard for the Data Security and Protection Toolkit for 2018-2019, having provided 100 of 100 mandatory evidence items with 40 of 40 assertions confirmed.

Secondary Uses System (SUS)

The Holly Private Hospital submitted records during April 2018 to March 2019 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

100% for admitted patient care

100% for outpatient care.

And which included the patient's valid General Medical Practice Code was:

100% for admitted patient care

99.9% for outpatient care.

Clinical Coding Error Rate

The Holly Private Hospital was not subject to the Payment by Results clinical coding audit during April 2018 to March 2019 by the Audit Commission.

Speak Up Arrangements

Aspen Healthcare aims to promote a working environment, where staff feel safe and are encouraged in raising concerns, and to have a healthy speaking up culture. Aspen is committed to being responsive to feedback and is focused on learning and continual improvement. Each Aspen facility promotes an open and supportive culture that encourages staff to speak up about any issues of patient care, quality, safety or wrong doing.

Effective speaking up arrangements are in place to protect patients and improve the experience of our staff. Aspen Healthcare has nominated the Group Clinical Director and Group Human Resources Director as named executive leads and as Aspen's Freedom to Speak up Guardians, and both have completed the national Freedom to Speak Up (FTSU) Guardians training.

An up to date Speaking Up policy is in place which has been externally reviewed by a national whistleblowing charity and a programme of ongoing promotional Speak Up posters and leaflets assure a high profile to encourage staff to feel able to speak up. This is regularly reinforced at induction, the Executive Roadshow and staff forums.

Senior leaders use speaking up as an opportunity for improvement to ensure learning is embedded in future practice, to deliver better quality care and improve staff experience, and we continually review and improve our systems to support speaking up. Any Speak Up issues that raise immediate patient safety concerns are quickly escalated and investigated, ensuring all staff who do speak up do not suffer any detriment, and that lessons learnt are shared widely across the Aspen sites.

Positive outcomes from speaking up cases are shared and promoted and, as a result, staff are more confident to speak up. Our staff engagement and staff patient safety culture surveys demonstrate this. The latest survey shows that staff are not only aware of our policy but have confidence in our speaking up processes, with 83% of staff reporting that they would freely speak up if they saw something that may negatively affect patient care.

Aspen's bespoke STEP-up to Safety staff training and engagement programme remains central to this and forms part of our mandatory training with all staff required to attend.

Aspen has also completed the national FTSU self-assessment and has a developmental plan in place to further enhance its speaking up arrangements.

“From the moment I arrived for my outpatient appointments/ procedure to the time I left I received wonderful care. The hospital is kept spotlessly clean and all staff are a credit to the hospital. My consultant put me at ease from my first appointment and I didn't feel at all nervous on the day of the procedure.”

*NHS Choices Website,
February 2019*



Quality Indicators

In January 2013, the Department of Health advised amendments had been made to the National Health Service (Quality Accounts) Regulations 2010 and a core set of quality indicators were identified for inclusion in quality accounts.

Not all indicator measures that are routinely collated in the NHS are currently available in the independent sector and work will continue during 2019-2020 on improving the consistency and standard of quality indicators reported across Aspen Healthcare.

A number of metrics have been chosen to summarise our performance against key quality indicators of effectiveness, safety and patient experience.

The Holly Private Hospital considers that this data is as described in this section as it is collated on a continuous basis and does not rely on retrospective analysis.

Number of Patient Safety Incidents, including Never Events

Source: From Aspen Healthcare's incident reporting system:

2017-2018		2018-2019	
	% of Patient Contacts		% of Patient Contacts
Serious Incidents	1 0.008%	Serious Incidents	0 0%
Serious Incidents resulting in harm or death	0 0%	Serious Incidents resulting in harm or death	0 0%
Never Events	0 0%	Never Events	0 0%
Total	1 0.008%	Total	0 0%

N.B. All Never Events are also recorded as serious incidents so there is a duplication as reported above.

The Holly Private Hospital has taken the following actions to improve our data collection submissions, and the quality of its services, by working with the Private Healthcare Information Network (PHIN). Data is now collected and published about private and independent healthcare, which includes quality indicators. Aspen Healthcare is an active member of PHIN and is working with other member organisations to further develop the information available to the public. See: www.phin.org.uk.

When anomalies arise, each one of the indicators is reviewed with a view to learning why an event or incident occurred so that steps can be taken to reduce the risk of it happening again.

Hospital Level Mortality Indicator and Percentage of Patient Deaths with Palliative Care Code

This indicator measures whether the number of people who die in hospital is higher or lower than would be expected. This data is not currently routinely collected in the independent sector however The Holly Private Hospital does monitor and collect data and would report on any deaths at monthly Quality Governance meetings.

Learning From Deaths

Aspen Healthcare has a 'Reporting, Management and Review of Patient Deaths' policy which is in line with the national guidance on 'Learning from Deaths'.

There were no patients that died within the reporting period (April 2018 to March 2019) at The Holly Private Hospital and, therefore, no case record reviews were undertaken.

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures in the NHS and one clinical procedure in the independent sector, and calculate the health gains after surgical treatment using pre- and post-operative surveys.

1. The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

During April 2018 to March 2019 none of The Holly Private Hospital's patients died. This comprised the following number of deaths which occurred in each quarter of the reporting period:

0 in the first quarter;
0 in the second quarter;
0 in the third quarter; and 0 in the fourth quarter.

2. The number of deaths included in above which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.

By 31 March 2018, 0 case record reviews and 0 investigations have been carried out in relation to 0 of the deaths included in (1) above. In 0 cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

0 in the first quarter;
0 in the second quarter;
0 in the third quarter; and 0 in the fourth quarter.

3. An estimate of the number of deaths during the reporting period included in above for which a case record review or investigation has been carried out which the provider judges as a result of the review or

investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

0 representing 100% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

These numbers have been estimated using The Holly Hospital data where zero deaths have been reported.

4. A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in (3) above.

N/A

5. A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (in respect of item 4 above).

N/A

6. An assessment of the impact of the actions described in (5) above which were taken by the provider during the reporting period.

N/A

7. The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in (2) in the relevant document for that previous reporting period.

0 case record reviews and 0 investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

8. An estimate of the number of deaths included in (7) which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.

0 representing 100% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. These numbers have been estimated using The Holly Hospital data where zero deaths have been reported.

9. A revised estimate of the number of deaths during the previous reporting period stated in (3) of the relevant document for that previous reporting period, taking account of the deaths referred to in (8).

0 representing 100% of the patient deaths during April 2017 to March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient.

“Great care and treatment. After having my hand operation, I can truly say fantastic dr and his team. Great nurses who cared for me and lovely lunch lady. From start to finish, including reception and admin, great service all round. Thank you all. Happy holidays to all.”

NHS Choices Website,
December 2018

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess general health improvement from the patient perspective. These currently cover four clinical procedures in the NHS

and one clinical procedure in the independent sector, and calculate the health gains after surgical treatment using pre- and post-operative surveys.

Patient Reported Outcome Measures (PROMs)	2017-2018	2018-2019
Hip replacement surgery:		
Number of cases submitted	54	18
(% of respondents who recorded an increase in their hip rating, following operation)	96% (National NHS Comparator 97%)	94% (National NHS Comparator N/A)
Knee replacement surgery:		
Number of cases submitted	75	29
(% of respondents who recorded an increase in their knee rating, following operation)	88% (National NHS Comparator 94.3%)	93% (National NHS Comparator N/A)
Groin hernia surgery:		
Number of cases submitted	27	N/A
% of respondents who recorded an increase in their groin hernia rating, following operation	78% (National NHS Comparator N/A)	(National NHS Comparator N/A)

NB. 2018-2019 PROMs data: Data shown taken from internal PROMs reports. This is not available on the NHS Digital site as, although all files were uploaded successfully to NHS Digital without any apparent errors, some NHS patient numbers and postcodes did not correlate to a HES episode (due to missing NHS number and postcodes). Therefore, the NHS PROMs data has not been published and, unfortunately, this cannot be rectified retrospectively.



Other Mandatory Indicators

All performance indicators are monitored on a monthly basis at key meetings and then reviewed quarterly at both local and corporate level Quality Governance Committees. Any significant anomaly is carefully investigated and any changes that are required are actioned within identified time frames. Learning is disseminated through various quality forums in order to prevent similar situations occurring again.

Indicator	Source	2017 - 2018	2018 - 2019	Actions to improve quality
Number of people aged 0 - 15 years re-admitted within 28 days of discharge	CQC performance indicator Clinical audit report	0	0	Each incident will be reported and reviewed by a senior clinical staff member, identifying and implementing appropriate actions to prevent any reoccurrence.
Number of people aged 16 years and over readmitted within 28 days of discharge	CQC performance indicator Clinical audit report	11	3	Each incident will be reported and reviewed by a senior clinical staff member, identifying and implementing appropriate actions to prevent any reoccurrence.
Number of admissions risk assessed for VTE	CQUIN data	100%	100%	Continue to monitor records regularly and to maintain 100% compliance.
Number of Clostridium difficile infections reported	From national Public Health England/Scotland returns	0	0	Maintain the IPC Programme and awareness of staff through ongoing training and audit.
Number of patient safety incidents which resulted in severe harm or death	From hospital incident reports (Datix)	0	0	Continue to monitor Datix for any trends and keep staff aware through regular training and following safety processes.
Responsiveness to personal needs of patients	Patient satisfaction survey data – for overall level of care	98.8%	99.6%	To continue to monitor and treat all patients how we would like our own family to be treated and strive for excellence
Friends and Family Test - patients	Patient satisfaction survey – rated extremely likely/likely	98.5%	99%	To continue to monitor and treat all patients how we would like our own family to be treated and strive for excellence
Friends and Family Test - staff	Staff satisfaction survey	86%	Biannual report due Autumn	Continue to monitor and utilise new staff engagement initiatives to further improve staff satisfaction.

“I cannot recommend The Holly highly enough to anyone that is looking for a private hospital.”

*HR, Patient Thank You Email
August 2018*

Infection Prevention and Control

Infection prevention and control (IPC) is a key element of our focus on improving patient safety and avoiding harm. There are a number of ways in which we measure and monitor our performance in relation to infection, including encouraging incident reporting for all Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and clusters of Clostridium difficile associated diarrhoea.

This process includes:

- Assessment of reported incidents
- Robust investigation of serious incidents
- Specific audits and reviews, such as hand hygiene, environmental, sharps boxes and cannulation.

We ensure lessons are learned from audit reviews and improvements in practice are systematically introduced.

Both Clostridium difficile and MRSA bacteraemia have been a national priority for many years, with every hospital acquired case reported to Public Health England as part of a national surveillance programme. We continue to work towards preventing avoidable healthcare associated infections.

We know that our patients and their families expect our hospitals and all aspects of our clinical services to be safe and clean, having confidence and assurance that we are maintaining a strict emphasis on infection prevention and control.

There are monthly Link IPC Nurse meetings which then link to quarterly IPC meetings as part of our governance structure. The outcomes of these meetings feed into the monthly 'STEP-up' meetings and, in turn, the quarterly (and now monthly) Governance meetings attended by the Director of Nursing and Clinical Services. Any trends e.g. wound surveillance data is then discussed at the MAC meetings.

There have been 0 healthcare associated infections at The Holly in 2018-2019.

There have been



healthcare associated infections at The Holly in 2018-2019.

Infection	2017-2018	2018-2019
MRSA positive blood culture	0	0
MSSA positive blood culture	0	0
E. Coli positive blood culture	0	0
Clostridium difficile hospital acquired infections	0	0

“I can only say a huge thank you for her competence and care”

MP, Patient Thank You Email
January 2019

Complaints

The Holly Private Hospital's performance standards stipulate that reportable complaints should be acknowledged within three working days. Reportable complaints tend to be more formal and require an investigation and a written response. As an internal benchmark, we try to resolve complaints within 20 days and measure ourselves accordingly.

We use information and themes gleaned from complaints received to make changes and improvements to our services, and complaint themes shape our priorities for improvement in 2019-2020

During the last year, our Patient Relations Manager has continued to provide a confidential advice and local resolution service. She ensures that individual concerns - whether from patients, relatives or their representative - are addressed effectively and the appropriate actions are taken to resolve those concerns and improve services for the future.

Our senior management team meets weekly to review all complaints and seeks to work cohesively to ensure comprehensive and thorough investigation, and timely responses.



Key Learning from Complaints and Improvements/ Changes Made

The Holly Private Hospital seeks to ensure that every opportunity is taken to make changes following all feedback, concerns and complaints to improve the care and services received by patients, users and their representatives.

As soon as a complaint is received by the Hospital Director it is their responsibility to establish whether any immediate and/or remedial action(s) should be taken – prior to the investigation - in the interest of safeguarding safety and quality. All complaints are shared with the department/ individual/Head of Department named in the complaint to ensure full investigation/learning/remedial actions can be put in place as appropriate.

Complaint reports are regularly developed and taken to meetings of the Medical Advisory Committee, Senior Management Team, Quality Governance Committee (local and corporate), and Heads of Department in order that The Holly Private Hospital staff constructively discuss complaints received in their areas of responsibility as part of our clinical governance processes.

This encourages the sharing of any lessons that are learned and an improved understanding of the impact the experience has had on individual patients. Changes have been made throughout the year in response to issues raised and these include:

We welcome feedback from patients, their relatives and carers on any aspect of our services. Patients also leave feedback on the NHS Choices website, Facebook and Google+. When a comment is posted on The Holly Private Hospital website and/or the NHS Choices website, it is circulated to the relevant teams to share with staff and, if needed, to allow them to look into any issues raised in the comment and to make any necessary improvements to services. Positive comments are used to help support staff morale and to allow teams to identify where they are doing well and what we are doing right.

Negative comments are used in the same way; to identify any issues, address concerns and make improvements to our services. We also respond to all comments that are posted.

We invite all complainants to meet with us.



Consultant behaviour

Of the complaints received, most focussed on Consultant behaviour, highlighting Consultant attitude during outpatient consultations or a lack of engagement post-surgery. In order to encourage our Consultants to deliver exceptional healthcare to our patients all of the time, we have implemented a number of initiatives:

- Face-to-face meetings between any Consultant involved in a formal complaint and the Senior Management Team
- Face-to-face meetings with any Consultant involved in a formal complaint and the complainant, if agreed by complainant
- Each clinical department has a Safety Cross (used to monitor specific issues/areas requiring focus) and key KPIs which they report on at a daily 'Comms.' meeting.

Administration

We noticed a pattern of formal and informal complaints from patients where their appointments/procedures were being cancelled and our administration team were leaving voicemails to advise them of the cancellation. Patients complained they had not received the message and were turning up on the day for their appointment/procedure.

We met with the relevant departments and advised them that voicemails were not to be left and that they had to ensure they spoke to the patient. We are also looking to implement text messages for patients which advise the patient to call the hospital.

Staff behaviour in public areas

Some complaints related to staff acting unprofessionally in patient facing areas. As we are committed to the highest levels of customer service at all times, we do take complaints of this nature very seriously. In order to ensure our staff deliver the highest standards of patient care and customer service standards we have introduced a number of initiatives:

- Project FIRST & 6Es - our award-winning 6Es Rewards and Recognition Scheme and The Holly culture are firmly embedded at the hospital. We have awarded over 3,174 Project First certificates since the implementation of this initiative with 1,500 certificates presented in 2018-2019 for displaying the 6E's core behaviours and attitude: Exceptional, Energetic, Everyone, Expert, Effective, Efficient and Safety. The Holly culture which promotes: Safety / One team / Trust / Accountability / Autonomy / Risk / Transparency / Fun has been measured to be 80% live.
- All staff have an annual appraisal. We have updated the appraisal forms to include the 6Es from Project FIRST. All teams have monthly meetings and managers have regular one-to-one meetings with their direct reports. We are currently reviewing the job description and key responsibilities of key senior roles and staff will be expected to deliver on the key responsibilities.

- Staff Forums - We held 'The Big Conversation' staff forum in Quarter 1 of 2019 in order to update staff on the plans and progress of The Holly Private Hospital and Aspen Healthcare with focus around the Five Year Strategic Business Plan (2019-2023) and 5 Year Clinical Strategy (2016-2021) and invited staff to ask questions. We included a section on patient feedback in order to congratulate and to maintain focus on areas that we need to improve on.
- We continue our evening Duty Managers – who are available at the hospital until 9pm - so there is always a manager on site to deal with any operational problems such as patient or Consultant complaints. We have increased staffing levels at our front desk and we have extended the working hours for the team. With the implementation of our concierge team we have improved our patients' arrival experience and are now ranked number 1 in London by our patients in our patient survey for this.
- The Diagnostics / Physio Reception Admin and Reception Team has been restructured so they now come under the Patient Relations Team with reviewed roles and responsibilities. We appointed a Team Leader to manage this new team with a focus on delivering the highest levels of customer service.
- We have had a renewed focus on collecting patient feedback so we can further learn from our patients. As a result, we have increased the number of Patient Feedback responses by over 10%.
- There has been a renewed focus on the discharge process led by our Discharge Working Group. This has helped us be rated number 1 in London for patients' satisfaction for our discharge process in our patient survey.

Local Audits have been undertaken as a result of complaints. We have a daily communications meeting for all Heads of Department, where managers report on a range of key performance indicators and clinical teams also have a safety cross which they use to audit and monitor a range of issues including, but not limited to, Consultant clinic starting or running late in Outpatients; Consultant changing order of Theatres list; late starts in Theatres (patient/Consultant/ anaesthetist or equipment issues; and, cancelled operations.

Review of Quality Performance 2018-2019

This section reviews our progress with the key quality priorities we identified in last year's Quality Account.

Patient Safety

Continue to embed Aspen's STEP-up to Safety Programme

Aspen Healthcare's STEP-up to Safety programme is an innovative staff engagement training initiative for all staff and aims to help them fully understand their own roles in patient safety. The programme has led to significantly improved patient safety outcomes, with a notable reduction in the number of incidents reported with harm.

In 2018-2019 we worked to continue to embed the programme so that it became 'how we do patient safety round here' and we developed this further to ensure it remains fresh and meaningful to our staff. STEP-up to Safety now forms part of mandatory training for all our staff and is included in our core Induction for all new staff. We have started to involve our visiting Consultant staff and have identified local Consultant STEP-up Ambassadors. In 2018 we also developed a new film and training workshop to support our staff in speaking up called 'STOP the LINE' – helping them to feel able to raise safety concerns 'in the moment' of a busy healthcare environment.

Our latest Staff Patient Safety Culture survey showed an overall increase of 4% in how our staff rate patient safety at their hospital/clinic Aspen-wide and an increase of 7% at The Holly Private Hospital. The programme was recognised as the overall winner at the National Customer Experience Awards in October 2018.

Promote Patient Involvement in Serious Incident Investigations

Despite strong safety systems, good planning, training and policies, serious incidents will still inevitably occur due to the complexity of healthcare provision. Having developed a positive reporting culture, we now involve our patients and/or their carer's in the investigation of serious incidents, to ensure that every opportunity is taken to minimise the likelihood of reoccurrence and to further reduce future risk to our patients, visitors and staff.

We have enhanced our approach to investigating any serious incident and now routinely ask patients and/or their carers to contribute to the development of the investigation's terms of reference, as well as asking if they have any additional matters they wish us to include as part of the incident investigation. This has helped ensure that our patients get the answers they may be seeking when an incident occurs, rather than the traditional and organisational-led approach taken.

Clinical Effectiveness

Develop a Consultant Handbook

Our comprehensive clinical policy framework is evidence-based and up to date and all our doctors with admitting rights (commonly called 'practising privileges' in our sector), are required to adhere to these policies and procedures. In recognition that many of our doctors may work with other healthcare providers, we have collated the key elements of our clinical policies to enable them to be aware of, and comply with, our policy standards. We are now developing these into an App format to facilitate ease of access.

Improve the Effectiveness and Standards of our Handover Practice and Clinical Communication

Safe, effective clinical care depends on reliable handover communication between all caregivers passing on patient-specific information to ensure patient care continuity and safety.

In 2018-2019 we developed an ISBAR communication pad and stickers to provide staff with a 'prompt' tool to standardise our approach to handover communication. ISBAR (Identify, Situation, Background, Assessment, and Recommendation) is a recognised model that delivers a framework for staff to structure critical information and communicate between multidisciplinary teams and different levels of staff.

Conversations, especially critical ones, requiring a clinician's immediate attention and action can be challenging. The Aspen ISBAR communication pad will encourage prior preparation and empower staff to confidently and effectively handover key information. It will also help to develop teamwork and support our culture of patient safety to ensure patients are receiving the best possible care.

Improve availability of Patient Reported Outcome Measures (PROMs) Data

Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to patients as perceived by the patients themselves, based on responses to questionnaires before and after surgery. These metrics are used across healthcare providers to evaluate the perceived outcomes of certain surgical procedures and are an invaluable source of data to drive the quality improvement agenda.

Significant work has been undertaken to increase the collection of this data. This has included monthly feedback to each Aspen site of their PROMs data capture and registration

“I have never come across such an exceptional service from a healthcare professional”

TJ, Patient Compliment Email, December 2018

of patients, as a percentage of the number admissions for each procedure, for which PROMs are reported. This was also reported on, and monitored at the Aspen Group Quality Governance Committee, which has led to a significant improvement across all the Aspen sites that collect PROMs data. As well as an improved number of patients being registered for PROMs, there has also been a marked increase in the return of patient PROMs questionnaires at the later stages of data collection. Work will continue to improve data capture to ensure that the maximum benefit of this essential patient outcome measurement is fully realised.

Patient Experience

Implement Dementia Self-Assessment Framework

Dementia is an umbrella term used to describe a range of progressive neurological disorders. In 2015, 850,000 people were living with dementia and their number is predicted to increase, with one in six of those aged over 80 developing dementia.

In 2018-2019 we have further developed our existing dementia strategy by adapting the NHS Improvement Dementia Assessment and Improvement Framework to create an audit tool to assess our clinical environments. This national improvement framework describes what 'outstanding' care looks like, and provides a system of assurance, continual improvement and learning. The framework combines national policy, guidance and best practice from organisations achieving an 'outstanding' rating from the national regulator - the Care Quality Commission (CQC) - and consists of eight standards that we strive to meet.

Audits will be undertaken in 2019 by the Aspen Head Office Quality Team and a report provided to each Aspen site. The use of this audit tool will enable our teams to continually improve care standards for those living with dementia, while accessing our services to ensure they have the best and safest possible experience whilst in our care.

Implementation of Complainants Survey Toolkit

NHS England has developed a Complainant Survey Toolkit to review how complainants perceived their complaints were managed, and Aspen Healthcare have used this toolkit as the basis to pilot an adapted version to meet the needs of our organisation.

The pilot tool is now being trialled at one Aspen hospital and involves asking complainants to complete a confidential survey on their experience of submitting a complaint to us. The plan is to learn from this pilot, and then roll this innovative approach out to all Aspen sites. This survey will help us understand how well complaints are managed and obtain complainants' perceptions on how to improve. It is anticipated that the data collated will allow each Aspen hospital/clinic and the wider organisation, to be more

responsive to the needs of users who have felt it necessary to raise a complaint. It is hoped that by understanding how complainants perceived how their complaints were handled, it will enable us to ensure greater consistency and learning from complaints overall.

Develop a Bereavement Questionnaire

Although the number of patient deaths is small across the Aspen hospitals, we wish to ensure high quality care for all adults at the end of life. To do this we developed a short bereavement questionnaire to seek the opinions of bereaved relatives on the care provided to their friend or relative. This survey asked for feedback on the quality of care delivered in the last three months of the deceased's life at an Aspen Healthcare hospital.

Our survey has been adapted from the National VOICES questionnaire and was sent to relatives known to our care teams. We acknowledge that the survey may contain questions of a sensitive nature and it is, therefore, only provided to people who had been bereaved within the previous year.

This survey will now be an ongoing initiative to provide bereaved families an opportunity to have their experiences heard and provide us with important feedback. The results gained will be used to inform policy and service development, and enable evaluation of the quality of end of life care of our patients, as part of our ongoing audit and service improvement activities, helping to ensure our end of life patients and their families have the best possible experience.

Develop a Ward Accreditation Scheme

Internal ward accreditation schemes aim to drive high standards of clinical expertise, compassionate care, well led teams, and maximise patient experience. Aspen Healthcare has embarked on devising an internal system of quality assurance, centred on the Aspen values and linked to a range of quality indicators for inpatient ward areas. The intention is to continue to drive quality improvement within the in-patient ward environment. The scheme will operate voluntarily, however the aim is to empower inpatient ward teams to utilise an internally recognised assessment framework, to enable them to measure multiple quality indicators, driving both external and internal quality improvement programmes.

The framework incorporates elements from care, experience, effectiveness, environment and leadership, together with workforce and finance metrics, enabling the ward/department to be assessed in a holistic way, and includes self and observed elements as well as patient input. The accreditation will set ambitious, but realistic, goals, thus driving continuous quality improvements whilst further enhancing our patients' experience of care.

External Perspective on Quality Of Services

What others say about our services:

The Holly Private Hospital invited West Essex Clinical Commissioning Group and North East London (NEL) Commissioning Support Unit (CSU) to comment on this Quality Account.

North East London (NEL) Commissioning Support Unit (CSU) reviewed our draft Quality Account and sought some clarifications. These were provided and no further comments were received prior to publication. The Holly Private Hospital will respond to any other comments received post publication at their regular Clinical Quality Review Meeting (CQRM).

Statement from West Essex Clinical Commissioning Group (CCG)

West Essex Clinical Commissioning Group is responsible for commissioning a range of elective surgical procedures from The Holly Private Hospital run by Aspen Healthcare for the citizens of west Essex.

As a private hospital The Holly is required to publish a Quality Account because they care for NHS patients under an NHS contract. Last year NHS patients accounted for a proportion of all patients cared for at The Holly.

In 2018/19 The Holly had nine quality priorities; details of how these have been implemented has been provided, however the information on these achievements is limited and would benefit from further detail to demonstrate explicitly what has been achieved and how they have helped patients. All these priorities appear to have been fully met as the priorities for 2019/20 are different.

It would be useful for the Quality Account to include how The Holly's priorities for 2019/20 will be assessed as successful.

It is a welcome development that The Holly will be involved in relevant national audits in the coming year. The Account includes a statement on the arrangements in place for staff to be encouraged to speak up about any concerns they may have – this was a new requirement for Quality Accounts this year.

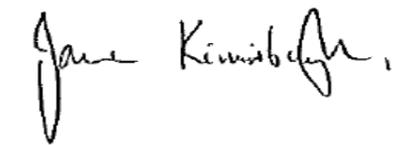
Not all current data was available in the draft report, so could not be commented on. Some data was locally derived, which is helpful, because the national benchmarking data available does not always include private hospitals. However a comparison with other hospitals in the Aspen group would have been useful to add perspective to The Holly's achievements.

The list of activities in the Quality Account which are part of the statement on quality would benefit from clearer explanation, to ensure this information is accessible to all readers. A glossary of abbreviations would be beneficial.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available, however we cannot confirm the validity of some data as it is locally derived.

We have reviewed the content of the Account; it complies, on the whole, with the prescribed information as set out in legislation and by the Department of Health.

The required information related to what The Holly has changed as a result of audits is incomplete, as is how they have reviewed and implemented national audit reports published in year as they relate to their service. We expect that this will be corrected in the final version.



Jane Kinniburgh
Director of Nursing and Quality
West Essex Clinical Commissioning Group.
June 2019

Dr Rob Gerlis, Chair
Andrew Geldard, Chief Officer

“Very professional, courteous and sensitive. Excellent attention and service. Thank you.”

*DM, Patient Compliment Email,
December 2018*

Thank you for taking the time
to read our Quality Account.

Your comments are always welcome and we would be pleased to hear
from you if you have any questions or wish to provide feedback.

Please contact us via our websites:

www.theholly.com

www.aspen-healthcare.co.uk

Or call us on:

0208 505 3311

020 7977 6080

The Holly Private Hospital

Head Office, Aspen Healthcare

Write to us at:

The Holly Private Hospital High Road

Buckhurst Hill

Essex

IG9 5HX

Aspen Healthcare Limited
Centurion House (3rd Floor)
37 Jewry Street
London EC3N 2ER